Kentucky Department for Medicaid Services

Pharmacy and Therapeutics Advisory Committee Recommendations

March 15, 2007 Meeting

This chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the March 15, 2007, meeting. Review of the recommendations by the Secretary of the Cabinet for Health and Family Services and final decisions are pending.

	Description of Recommendation	P & T Vote
#1	**Alcohol Dependence Treatment Agents** 1. DMS to select oral disulfiram, oral naltrexone, and oral acamprosate as preferred agents. 2. DMS to require failure of at least one preferred agent before Vivitrol via electronic step-therapy. 3. Place Prior Authorization on Vivitrol. 4. Grandfather current Vivitrol patients to allow for continuation of the current course of therapy up to 1 year. 5. Agents not selected as preferred based upon economic evaluation and/or safety will require PA. 6. For any new chemical entity, product, or dosage form for the treatment of alcohol dependence or maintenance of alcohol abstinence, require a PA until reviewed by the P & T Advisory Committee	Passed unanimously
#2	**Antiemetics - Cannabinoids** 1. DMS to place prior authorization on cannabinoids based on F.D. A. indication(s) and failure to respond adequately to conventional anti-emetics. 2. DMS to select agent(s) based upon economic evaluation and the P & T Advisory Committee's review of abuse potential. 3. Place quantity limits on cannabinoids 4. For any new chemical entity, product, or dosage form for the cannabinoids, require PA until reviewed by the P & T Advisory committee.	Passed unanimously
#3	**Oracea – single agent review** 1. DMS to make Oracea non-preferred (Tier 3) 2. Place an age edit on Oracea to require prior authorization for patients less than 19 years old. 3. For any new chemical entity, dosage form or route of administration in this class, require a PA until reviewed by the P&T Advisory Committee. *Continued on p.2*	Passed unanimously
#4	**Solodyn - single agent review** 1. DMS to make Solodyn non-preferred (Tier 3). 2. Place an age edit to require prior authorization for patients less than 12 years old. 3. Place a 12 week duration edit. After 12 weeks, a new prior authorization will be required. 4. For any new chemical entity, dosage form or route of administration in this class, require a PA until reviewed by the P&T Advisory Committee.	Passed unanimously
#5	**Vusion – single agent review** 1. Maintain the most cost-effective topical antifungal treatment(s) as first line	Passed unanimously

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	2. DMS to make Vusion non-preferred (Tier 3). 3. Agents not selected as preferred based on economic evaluation will require PA. 4. For any new chemical entity, dosage form or route of administration in this class, require a PA until reviewed by the P&T Advisory Committee.	